

DEPARTMENT OF AGING

1600 K STREET

SACRAMENTO, CA 95814

Internet Home Page: www.aging.state.ca.us

TDD Only 1-800-735-2929

FAX Only (916) 327-3661



PROGRAM MEMO

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|--|---|
| TO: AREA AGENCIES ON AGING (AAA) | NO.: PM 01-10 (P) |
| SUBJECT: FAMILY CAREGIVER SUPPORT PROGRAM (Title III E) 2001/02 Planning Estimates (PE), Fiscal Reporting, and Program Guidelines | DATE ISSUED: July 3, 2001 |
| REVISED: | EXPIRES: Until Superseded |
| REFERENCES: Older Americans Act (OAA) Amendments of 2000, PM 00-21 (P), PM 01-11 (P) | SUPERSEDES: |
| PROGRAMS AFFECTED: <input type="checkbox"/> All <input type="checkbox"/> Title III-B <input type="checkbox"/> Title III-C1/C2 <input type="checkbox"/> Title III-F <input checked="" type="checkbox"/> Title III-E <input type="checkbox"/> Title V <input type="checkbox"/> CBSP <input type="checkbox"/> MSSP <input type="checkbox"/> Title VII <input type="checkbox"/> ADHC <input type="checkbox"/> Other: _____ | |
| REASON FOR PROGRAM MEMO: <input checked="" type="checkbox"/> Change in Law or Regulation <input type="checkbox"/> Response to Inquiry <input checked="" type="checkbox"/> Other Specify: <u>NEW Funds & Policy Directives</u> | |
| INQUIRIES SHOULD BE DIRECTED TO: Your Assigned AAA-Based Team | |

This Program Memo (PM) transmits your 2001/02 Planning Estimate (PE) for the new Title III E Family Caregiver Support Program (FCSP). Also included are program guidelines and fiscal reporting requirements for this new program. Program reporting requirements are addressed in PM 01-11 (P).

FUNDING/ALLOCATION METHODOLOGY

The attached PE includes Title III E federal funds available for the last 9 months of 2000/01 which are One-Time-Only (OTO) funds and baseline funds for 2001/02. Total funds allocated are:

| | Baseline | OTO | Total |
|----------------------------------|---------------------|--------------------|---------------------|
| FAMILY CAREGIVER SUPPORT (III E) | \$9,712,676 | \$7,284,504 | \$16,997,180 |
| AREA PLAN ADMINISTRATION | 1,079,185 | 809,389 | 1,888,574 |
| TOTAL | \$10,791,861 | \$8,093,893 | \$18,885,754 |



Program and area plan administration funds for Title III E have been allocated based on the Intra-State Funding Formula. Census data for 2000/01 were used to allocate OTO funds and census data for 2001/02 were used for baseline funds in both program and area plan administration allocations.

The OAA, Section 373(g)(2)(C), contains a specific limitation of 10 percent of the total federal and matching non-federal share to support services to grandparents and older individuals who are relative caregivers (these individuals will be referred to as "Grandparents" in this PM). In addition, OAA, Section 373(b)(5), states Supplemental Services can be provided to complement the care provided by caregivers on a limited basis. The Department has received guidance from the Administration on Aging (AoA) to define "limited basis" as 20 percent of the total federal and non-federal share. Included on your PE are maximum amounts that may be expended for Grandparents and Supplemental Services from federal funds.

STATE BUDGET BILL LANGUAGE

The Governor has not as yet signed the attached budget bill language into law. However, in all probability, this language will be enacted and will place additional requirements on California's implementation of the FCSP. This PM incorporates requirements from this budget bill language that AAAs must implement. The Department is also working on finalizing plans with external contractors to meet the balance of these budget bill mandates. More detail regarding these plans will be provided as plans are finalized.

FISCAL REPORTING REQUIREMENTS

The fiscal reporting system for Title III E will consist of budgets, monthly reporting forms, and closeouts. The fiscal system will be a paper system at least through June 30, 2003. For those AAAs intending to automate the Title III E fiscal reports, the budget and monthly reporting forms are available in Excel 4.0 spreadsheet format. Excel files will be e-mailed to all AAAs simultaneous with the distribution of this PM.

Title III E Budget

The Department has developed a Title III E Budget form (CDA 269) for budgeting expenditures and funding sources for the new FCSP. The forms were modeled after the current Area Plan Budget (CDA 122). The five-page CDA 269 consists of a summary page for expenditures, a summary page for funding sources and matching contributions, personnel pages for direct services (paid and in-kind), and a detailed expenditure and funding page for Title III E service categories. A master copy of the form and the instructions are attached to this PM. **The initial Title III E CDA 269 is due to the Department 30 days from the date of this PM.** Subsequent revised CDA 269s will be due December 1 and April 30 of each fiscal year.

One specific requirement related to the ability of the AAA to expend FCSP funds is the requirement contained in the budget bill language that reads: "No Area Agency on Aging shall use the funds until a review of current needs and services has been made." In accordance with this requirement, the Title III E Budget form signature page contains language that requires the AAA director to certify that this condition has been met prior to expending funds.

Title III E Monthly Reporting

The new Title III E Monthly Financial Status Report/Request for Funds (CDA 268) allows AAAs to request Title III E funds and report actual expenditures and funding sources each month. AAAs should begin using this form to request July 2001 Title III E funds. The CDA 268 will be due by the 10th of each month prior to the request for funds month. The July 2001 Expenditures are due by September 10, 2001, with the October request for funds.

Title III E Closeout

The Department is in the process of developing the Title III E Financial Closeout Report (CDA 270). The CDA 270 will be available prior to the end of 2001/02. The forms and instructions will be transmitted in a separate PM.

Timelines

A schedule of due dates for Title III E fiscal forms is attached.

NON-FEDERAL SHARE AND/OR MATCHING REQUIREMENTS

The non-federal share of Title III E costs is at least 25 percent and must be provided from State and local sources. The non-federal share is defined as matching contributions and consists of the value of third-party, in-kind contributions, and that portion of program and administrative costs funded (cash or in-kind) by the grantee, subgrantee, or other local resources.

The Department provides one-third of the non-federal share of all other Title III programs and will provide 8.33 percent of the non-federal share for Title III E program costs. For 2001/02, the Department's portion of the matching requirement will not be distributed to AAAs, but will be met through other State General Fund expenditures in support of Title III E.

AAAs are required to provide at least 16.67 percent of the non-federal share for Title III E program costs and 25 percent of the non-federal share for Title III E administration costs. Each AAA must at least meet its required minimum matching contribution and are asked to budget **all** matching contributions available to meet the non-federal share. AAAs will have the full year to generate matching contributions, and matching requirements will be monitored during the closeout process to ensure the full federal share was earned.

ONE-TIME-ONLY DEFINITIONS AND USE

Title III OTO funds are federal funds which AAAs reported as unspent, were recovered through the Audit Resolution process, and/or were made available from other sources. Title III E OTO included in this PE are 2000/01 funds that were not allocated to AAAs. Title III E OTO cannot be used to increase baseline needs. Title III E OTO funds can **only** be used for the following purposes:

- (1) The purchase of equipment which enhances the delivery of services to the eligible service population;

- (2) Home and community-based projects which assist caregivers to maintain care receivers in the home environment, as approved by the Department; and
- (3) Innovative pilot projects, as approved by the Department.

MAINTENANCE OF EFFORT

Funds made available for Title III E shall supplement, and not supplant, any federal, State, or local funds expended by a State or unit of general-purpose local government, including an AAA, to provide Title III E services. (See attached budget bill language).

ELIGIBLE SERVICE POPULATION

Definitions: The OAA, Title III, Part E, Section 372, states that the following individuals are eligible to receive services under the FCSP:

- (1) Child means an individual who is not more than 18 years of age.
- (2) Family Caregiver means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual.
- (3) Grandparent or older individual who is a relative caregiver means a grandparent or step grandparent of a child, or a relative of a child by blood or marriage, **who is 60 years of age or older**, and
 - (A) lives with the child;
 - (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; **and**
 - (C) has a legal relationship to the child, has legal custody or guardianship, or is raising the child informally.

Eligibility: Section 373(c)(1) states that in order for a family caregiver, or a grandparent or older individual who is a relative caregiver, to be eligible to receive services, they must meet the definitions of the law and when providing care to an older individual, the older individual must meet the conditions specified in OAA, Section 102(28), which states:

“The term ‘frail’ means, with respect to an older individual in a state, that the older individual is determined to be functionally impaired because the individual (A)(i) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or (ii) at the option of the State, is unable to perform at least three such activities without such assistance; or (B) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.”

Priority: Section 373(c)(2) requires that in providing services to a family caregiver, or a grandparent or older individual who is a relative caregiver, the State shall give priority for services to:

- Older individuals with greatest social need;
- Older individuals with greatest economic need;
- Older individuals providing care and support to persons with mental retardation and related developmental disabilities (as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001) (referred to in this subpart as “developmental disabilities”) consistent with the requirements of OAA Section 305(a)(2)(E), which assure that preference also will be given to:
 - Low-income minority individuals, and
 - Older individuals residing in rural areas.

SERVICE CATEGORIES

Reportable Service Categories and Units of Service for each of the federal support services mentioned below are defined in the attached FCSP Service Matrix. In accordance with Title III, Part E, Section 373(b), the following Family Caregiver Support Services are authorized:

- (1) Information to caregivers about available services (identified as Service Information on the Service Matrix);
- (2) Assistance to caregivers in gaining access to the services (identified as Access on the Service Matrix);
- (3) Individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in making decisions and solving problems relating to their caregiving roles (identified as Caregiver Support on the Service Matrix);
- (4) Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities (identified as Respite on the Service Matrix); and
- (5) Supplemental Services, on a limited basis, to complement the care provided by caregivers (identified as Supplemental Services on the Service Matrix).

Supplemental Services “Other”

"Other" is an option under Supplemental Services that allows AAAs the flexibility to design a unique category of service not defined in the FCSP Service Matrix. Prior approval by the Department will be required before funds can be allocated to "Other." To obtain approval, the AAA must send a written request to its assigned AAA-Based Team, attention FCSP Committee. The request should include:

- Service name, definition, and proposed service unit; and
- Justification for the need to develop a new service.

The request will be reviewed, and a response will be forwarded to the AAA within 15 business days to either approve the expenditure, request additional information, or deny the activity. If the request is approved, the AAA will then be asked to furnish the Department with the number of units to be purchased and the appropriate Area Plan goal and/or objective(s) tied to the units.

AREA PLAN ADDENDUM

In accordance with Welfare and Institutions Code 9400, §7306 of the California Code of Regulations, and budget bill language, the Department is requiring that AAAs submit an addendum to the four-year Area Plan explaining how the Title III E funds will be used to provide family caregiver services for 2001/02. Similar addendum requirements will be requested for 2002/03. In subsequent years, however, the Title III E Area Plan activities will be included in the standard Area Plan Update process. An original and two copies of the Addendum, **due to the Department by September 1, 2001**, must include the following:

- Review of FCSP Needs;
- Program Description Resulting from the Review of Needs;
- Goals and Objectives;
- Service Unit Plan;
- Waivers, if applicable: Appendix 1A(III E), Appendix 1B (III E), and Appendix IX (III E); and
- Cover Letter with required signatures.

Each of these elements is described below.

Review of FCSP Needs

In anticipation of adoption of budget bill language, AAAs should not use the new FCSP funds until a review of current needs and services has been made locally. This review must include:

- (1) Inventory existing caregiver support services and document that the resulting plan considers all other existing and potential caregiver support services operating locally.
- (2) Assess the local need for family caregiver services. Consider available data, which may include:
 - Area Plan needs assessments conducted in preparation for the four-year plan;
 - Input from Information and Assistance programs and other service providers regarding unmet needs;
 - Community forums; and
 - Surveys.

After this review of current needs and services has been made locally, AAAs may begin to use the new FCSP funds.

Program Description Resulting From the Review of Needs

The Program Description portion of the Addendum, developed from the review of needs findings, must address all of the following points:

- An overarching statement that reflects the AAAs initial vision for assuring that a comprehensive system of support services are both visible and accessible to family caregivers in the Planning and Service Area (PSA);
- Identify sources of funding, and develop a plan for delivery of family caregiver services based on needs;
- Identify a specific plan for support of caregivers, including family caregivers and other caregivers;
- Identify existing and needed resources and ensure that FCSP funds are used to meet unmet needs and link existing programs together into a more seamless system of supports and services for caregivers;
- Document how the use of the FCSP funds will be coordinated with existing State-funded programs and will use existing infrastructure where possible; and
- Identify which of the allowable federal activities are of highest need in the local area.

Goals and Objectives

A goal and/or objective will be required for each of the five FCSP Support Services funded by the AAA. The rationale for goals should be based upon the needs related to family caregivers. New goals with objectives may be developed for the FCSP, or new family caregiver objectives may be added to existing goals. The prescribed format for Area Plan rationale, goals, and objectives is covered in the "Reference Guide for the 2001-2005 Area Plan Development," which was transmitted with Program Memo 00-21(P), dated September 21, 2000.

Service Unit Plan (SUP)

The attached SUP has been modified for reporting Title III E units of service in the Addendum. For each FCSP service category that the AAA plans to fund, enter the number of units and the identifying number for each goal/objective tied to that service.

Waivers

- (1) The AAA must submit a waiver for each family caregiver support service category that will be provided directly by the AAA. The following Appendices are attached for submission with the Addendum:
 - Appendix 1A (III E) - Notification of Intent to Provide Title III E Direct Services
 - Appendix 1B (III E) - Request for Approval to Provide Title III E Direct Services
- (2) Area Agencies which choose not to fund one or more of the five primary family caregiver support services must explain how these services are being addressed in the PSA by completing and submitting Appendix IX (III E), "Notice of Intent for Non-Expenditure of Funds."

Cover Letter

The Area Plan Addendum will require approval of the AAA Director, chair of the advisory council, and chair of the governing board. If any of the required signatures cannot be obtained by the due date, please submit the addendum by September 1, 2001, and send the completed cover letter when all signatures have been obtained.

PROGRAM DATA REPORTING REQUIREMENTS

Refer to PM 01-11 (P) for program data reporting requirements.

AAA CONTACT FOR FAMILY CAREGIVER SUPPORT PROGRAM ISSUES

The Department is requesting each AAA to notify its respective AAA-Based Team of the AAA staff person who will serve as the central point of contact for all FCSP issues along with their telephone number and email address.

Original signed by Lynda Terry

Lynda Terry
Director

Attachments

Title III E Planning Estimates Fiscal Year 2001-02 (**AAA specific, not included in web version**)
State Budget Bill Language
Title III E Budget (CDA 269)
Title III E Budget Instructions
Title III E Monthly Financial Status Report/Request for Funds (CDA 268)
Title III E Monthly Financial Status Report/Request for Funds Instructions
Due Dates for Title III E Fiscal Forms
FCSP Service Matrix
Service Unit Plan
Appendix IA (III E)
Appendix IB (III E)
Appendix IX (III E)

4170 Department of Aging

Budget Bill Language

4170-101-0890

The Department shall establish guidelines designed to assure the quality of services provided with the Family Caregiver Support Program funds, and shall make those guidelines available to the fiscal and policy committees of the Legislature. The Department shall include in the guidelines a mechanism for assuring that these new funds supplement and do not supplant existing services to caregivers and build upon existing state-funded programs to the extent possible. The Department shall require each Area Agency on Aging to amend the plan required by WIC 9400, which requires the Area Agency on Aging to consider available data, assess the need for services, identify sources of funding for services, and develop a plan for delivery of services based on needs; the amendment shall identify a specific plan for support of caregivers, including family caregivers and other caregivers. The plan shall identify existing and needed resources and ensure that National Family Caregiver Support Program funds are used to meet unmet needs and link existing programs together into a more seamless system of supports and services for caregivers. As part of this plan, Area Agencies on Aging that elect not to fund one or more of the required federal services shall demonstrate how these service needs are met through other mechanisms. In the development of this plan, Area Agencies on Aging shall work with the Department and other appropriate entities.

The Department shall require each Area Agency on Aging, as a part of its regular reporting or through surveying, to report the following:

- Document that planning for allocation of the funds has included all other existing caregiver support services operating locally.
- Document how the use of the Family Caregiver Support Program funds will be coordinated with existing state-funded programs.
- Document that the resulting plan considers all other existing and potential caregiver support services operating locally and that new service plans will use existing infrastructure where possible, and where this funding conforms with the Area Agency plan specified above.
- Identify which of the allowable federal activities are of highest need in the local area. In no event shall the local Area Agency be required to provide all federally allowable services. No Area Agency on Aging shall use the funds until a review of current needs and services has been made.

The Department shall provide a status report to the Legislature by November 15, 2001, on the progress by the Area Agencies on Aging in meeting the objectives of this section. The report shall include information on the plans that have been developed or are in development by that time.

The Department shall gather data to assess the impact of services on caregivers. In addition the Department shall gather data to identify the categories of care recipients who receive assistance under this program in order to assess the potential impact of services on the care recipients, including but not limited to the following categories:

- Care recipients at risk of abuse or neglect by their caregiver and referred by the Adult Protective Services program;
 - Care recipients with mental illness or disorder
 - Care recipients with multiple health problems
 - Care recipients who are under 18 years of age whose primary caregiver is over 60

The Department shall report on the preliminary findings from these reports by March 1, 2002, and a more complete report by March 1, 2003.

4170-490

4170-490 – Reappropriation, Department of Aging. Notwithstanding any other provision of law, as of June 30, 2001, the balance of the appropriation provided in the following citation is reappropriated for the purposes specified and shall be available for expenditure until June 30, 2003.

0001 – General Fund

(1) Item 4170-101-0001, Budget Act of 2000 (Ch. 52, Stats. 2000), Schedule (c) for supportive Services and Centers. The balance of the \$3,596,000 made available for planning, construction, renovation, or additions or for other specified purposes related to senior centers is reappropriated for the purposes specified.

TITLE III E BUDGET (CDA 269) INSTRUCTIONS

PAGE 1 – BUDGET SUMMARY-BUDGETED COSTS

Heading: Enter the budget period, revision number, grant number, date of the budget, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g., FC 0102-34).

Cost Categories: The lines in this section list the allowable cost categories for reporting budgeted costs for Title III E programs. The columns separate the budgeted costs by total, administration, and support services.

Lines 1 through 10

Enter the costs directly incurred by the Area Agency. These should include Area Plan Administration, Service Information, III E Access, Caregiver Support, III E Respite, and Supplemental Services.

Line 11

Enter the total cost of contracted services.

Line 12 Total Area Plan Costs

Add the amounts on line 10 to the amounts on line 11, and enter the Total Area Plan Costs separating cash from in-kind.

Line 13 Total Cash & In-Kind

Add the cash and in-kind amounts reported on line 12, and enter the total cash & in-kind for each of the columns (a) through (g).

Page 2 – BUDGETED FUNDING & MATCHING CONTRIBUTIONS

Heading: Enter the budget period, revision number, grant number, date of the budget, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g., FC 0102-34).

SECTION A – Funding Sources: The lines in this section list the allowable sources of funding which may be used to cover the budgeted costs on Page 1. The columns separate the

TITLE III E BUDGET INSTRUCTIONS

Page 2

budgeted funding by total, administration, and support services. Cash costs on Page 1 must equal cash funding on Page 2, in-kind costs on Page 1 must equal in-kind funding on Page 2, by column. The totals of columns (a) through (g) on Page 2 must equal the totals of columns (a) through (g) on Page 1.

Line 1 Grant Related Income

Enter on this line in the appropriate column the amount of income generated as a result of a Title III E service. Do not include interest earned on grant funds.

Line 2 Non-Matching Contributions

Enter on this line local funding that does not qualify as matching contributions and/or is not being budgeted as matching contributions. (e.g. Title V, Title XX, over match). Include interest earned on grant funds.

Line 3 State Funds

Enter on this line the amounts of State funding from General Funds. The amount budgeted cannot exceed the amount allocated on the latest Title III E Budget Display.

Line 4 Matching Contributions

Enter on this line in the appropriate column, funds qualifying as matching or cost sharing funds. Include cash and/or in-kind funds received from local government agencies, revenue sharing, private enterprise, foundations, and individuals. Do not include grant-related income.

Line 5 Federal Funding Grandparent

Enter on this line in the appropriate column the Title III E federal funds to be expended for Grandparent and other relative caregivers. Section 373 (g)(2)(C) of the OAA limits expenditures to no more than 10% of the federal and non-federal share to provide support services to grandparents and older individuals who are relative caregivers. The maximum amount limitation is identified on the Title III E Budget Display.

Line 6 Federal Funding Other

Enter on this line, in the appropriate column, the Title III E federal funds to be expended for all other caregivers (do not include Grandparent). Line 5 and Line 6 must equal the federal allocation on the Title III E Budget Display.

Line 7 Total Area Plan Funding

Add the amounts on lines 1 through 6 and enter the total Area Plan funding separating cash from in-kind.

Line 8 Total Cash and In-kind

Add the cash and in-kind amounts on line 7 and enter the total cash & In-kind for each of the columns (a) through (h).

SECTION B – MINIMUM MATCHING REQUIREMENTS

In this section, calculate the minimum matching requirements for Area Plan Administration and Title III E Support Services.

Area Plan Admin

To calculate the minimum matching requirement for Area Plan Admin use the following formula:

Line 1 Costs to be matched:

Page 1 column (b) line 13 minus Page 2 column (b) lines 1 through 3.

III E Support Services

To calculate the minimum matching contributions requirement for III E Support Services use the following formula:

Line 1 Costs to be matched:

Page 1 line 13 column (c) plus column (d) plus column (e) plus column (f) plus column (g), minus Page 2 lines 1 through 3 column (c), column (d), column (e), column (f), and column (g).

Line 3 Minimum Required Match

Multiply Line 1 times line 2 and enter the amount on Line 3 for column (a) and column (b). Add column (a) to column (b) and enter the total in column (c).

Line 4 Required Local Public Matching

Multiply the Total column (c) on line 3 by 25%. This is the minimum amount of local match that must be provided by local public agencies. Local public agencies include cities, counties, and municipalities.

Section C - Area Plan Administration Matching Contributions: List the agencies contributing matching funds to the Area Agency for its own administration. Provide a breakdown between cash & in-kind funding.

Section D - Local Public Agencies: List the local public agencies contributing matching funds to satisfy the requirement in Section B above. Provide a breakdown between cash & in-kind. List agencies providing funding to the Area Agency and or service providers. Local public agencies providing matching contributions for Area Plan Administration may be listed in both Section C and Section D.

PAGE 3 - TITLE III E PROGRAMS-ADMIN & DIRECT SERVICES SCHEDULE OF PAID PERSONNEL COSTS

Heading: Enter the budget period, revision number, grant number, date of the budget, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g. FC 0102-34).

Position Title: List each paid staff person, the percentage of time spent and the amount of funds budgeted for Administration and/or any direct services provided by the Area Agency, and the percentage of time spent and funds budgeted for non-Title III E support services. The Total Title III E percentage added to the Non-Title III E percentage should not exceed 100 percent. Enter the amount of payroll taxes and employee benefits on the appropriate line. Add Total Salaries, Payroll Taxes, and Employee Benefits, and enter the total on the Total Paid Personnel line for each column.

SCHEDULE OF IN-KIND PERSONNEL COSTS

Position Title: List each in-kind staff person, the percentage of time spent and the amount of in-kind funds budgeted for Administration and/or any direct services provided by the Area Agency, and the percentage of time spent and in-kind funds budgeted for non-Title III E support services. The Total Title III E percentage added to the Non-Title III E percentage should not exceed 100 percent. Add Total Salaries, Payroll Taxes, and Employee Benefits, and enter the total on the Total In-kind Personnel line for each column.

PAGE 6 SCHEDULE OF DIRECT CAREGIVER SUPPORT SERVICES (III E)

Heading: Enter the budget period, revision number, grant number, date of the budget, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g. FC 0102-34).

Service Categories: Complete this part for all Title III E service categories the Area Agency provides as a direct service. This page is divided into the five support services identified in the OAA Amendments of 2000. Within each support service, allowable service categories are listed. AAAs are not required to fund all service categories.

Total Service Information

In columns (a) through (h), enter the total amount of Outreach and Community Education budgeted.

Total III E Access

In columns (a) through (h), enter the total amount of Information & Assistance, Comprehensive Assessment, Case Management, Transportation, and Assisted Transportation budgeted.

Total Caregiver Support

In columns (a) through (h), enter the total amount of Counseling, Caregiver Support Group, and Caregiver Training budgeted.

Total III E Respite

In columns (a) through (h), enter the total amount of III E Respite Care Services budgeted.

Total Supplemental Services

In columns (a) through (h), enter the total amount of Minor Home Modification, Placement, Homemaker, Chore, Home Security and Safety, Visiting, Assistive Devices, Home Delivered Meals, Legal Assistance, & Other (requires prior approval from CDA) budgeted.

PAGE 6 SCHEDULE OF CONTRACTED CAREGIVER SUPPORT SERVICES (III E)

Heading: Enter the budget period, revision number, grant number, date of the budget, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g. FF 0102-34).

Service Categories: Complete this part for all Title III E services the Area Agency contracts out. This page is divided into the five support services identified in the OAA Amendments of 2000. Within each support service, allowable service categories are listed. AAAs are not required to fund all service categories.

Total Service Information

In columns (a) through (h), enter the total amount of Outreach and Community Education budgeted.

Total III E Access

In columns (a) through (h), enter the total amount of Information & Assistance, Comprehensive Assessment, Case Management, Transportation, and Assisted Transportation budgeted.

Total Caregiver Support

In columns (a) through (h), enter the total amount of Counseling, Caregiver Support Group, and Caregiver Training budgeted.

Total III E Respite

In columns (a) through (h), enter the total amount of III E Respite Care Services budgeted.

Total Supplemental Services

In columns (a) through (h), enter the total amount of Minor Home Modification, Placement, Homemaker, Chore, Home Security and Safety, Visiting, Assistive Devices, Home Delivered Meals, Legal Assistance, & Other (requires prior approval from CDA) budgeted.

TITLE III E MONTHLY FINANCIAL STATUS REPORT/ REQUEST FOR FUNDS (CDA 268) INSTRUCTIONS

Submit one CDA 268 with an original signature.

Enter the name and address of the grantee agency. The grantee agency must be the same as that on the Title III E Budget Display.

PART I REVENUE AND EXPENDITURES

Enter the month, fiscal year, grant number, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g., FC 0102-34).

Line 1. Total Expenditures:

Enter the total expenditures for the report month, including cash expenditures and in-kind expenditures, for Area Plan Administration, Service Information, III E Access, Caregiver Support, III E Respite, and Supplemental Services.

Line 2. Grant Related Income:

Enter the amount of income earned for Area Plan Administration, Service Information, III E Access, Caregiver Support, III E Respite, and Supplemental Services. Include donations and voluntary contributions for services received and sale of assets. Do not include interest earned on grant funds.

Line 3. Non-Match Cash:

Enter the amount of Non-Matching Cash contributions received for the report month. Include in this amount any local cash funding received that does not qualify for or is not being reported as Matching Contributions. Include interest earned on grant funds.

Line 4. Non-Match In-Kind:

Enter the amount of Non-Matching In-Kind contributions received for the report month. Include in this amount all local in-kind received that does not qualify for or is not being reported as Matching Contributions.

Line 5. State Funds:

Enter the amount of State Funds received during the report month for Area Plan Administration, Service Information, III E Access, Caregiver Support, III E Respite, and Supplemental Services.

Line 6. Match Cash:

Enter the amount of Matching Cash contributions received for the report month. Include in this amount any local cash funding received that qualifies for and is being reported as Matching Contributions.

CDA 268 INSTRUCTIONS

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Line 7. Match In-Kind:

Enter the amount of Matching In-Kind contributions received for the report month. Include in this amount all local in-kind received that qualifies for and is being reported as Matching Contributions.

Line 8. Federal Share:

For each column in PART I, enter the Federal Share of expenditures for the report month. To calculate the federal share, subtract Grant Related Income, Non-Match Cash, Non-Match In-Kind, State Funds, Match Cash, and Match In-Kind from Total Expenditures, and enter the amount on the Federal Share line.

PART II REQUEST FOR FUNDS:

Enter the month, fiscal year, and the grant number. The expenditure month and the request for funds month will not be the same. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g., FC 0102-34).

State Funds

State Funds are disbursed once a month. For “GFE Family Caregiver”, enter the amount of state funds for the request month.

Federal Funds

Federal Funds are disbursed once a month. For “Title III E”, enter the amount of federal funds for the request month. Area agencies may request up to 25 percent of the available federal funds in the first three months of the grant period. Subsequent requests for federal III E funds must be based on need.

AUTHORIZED SIGNATURE

The appropriate person at the Area Agency must sign the CDA 268. DO NOT COMPLETE SHADED AREAS.

SEE ATTACHED SCHEDULE FOR DUE DATES.

TITLE III E MONTHLY FINANCIAL STATUS REPORT/REQUEST FOR FUNDS

CDA 268 (New 6/01)

Grantee Agency:

Street Address:

City, State, Zip:

| PART I REVENUE AND EXPENDITURES | | Month: | Fiscal Year: | | Grant No.: | | PSA No.: |
|---------------------------------|---------------------|-------------------------|------------------|-----------------------|-------------------|---------------------------|-----------|
| Item | (a) Area Plan Admin | (b) Service Information | (c) III E Access | (d) Caregiver Support | (e) III E Respite | (f) Supplemental Services | (g) Total |
| 1. Total Expenditures | | | | | | | |
| 2. Grant Related Income | | | | | | | |
| 3. Non-Match Cash | | | | | | | |
| 4. Non-Match In-Kind | | | | | | | |
| 5. State Funds | | | | | | | |
| 6. Match Cash | | | | | | | |
| 7. Match In-Kind | | | | | | | |
| 8. Federal Share | | | | | | | |

| PART II REQUEST FOR FUNDS | | Month: | Fiscal Year: | | Grant No.: | |
|---------------------------|------------|--------|---------------|------------|------------|--|
| State Funds | (a) Amount | | Federal Funds | (b) Amount | | |
| GFE Family Caregiver | | | III E | | | |

I hereby certify to the best of my knowledge and belief that this report is accurate and complete.

Authorized Signature

Date:

Department Approval

Date:

DUE DATES FOR TITLE III E FISCAL FORMS
TITLE III E BUDGET (CDA 269)
TITLE III E MONTHLY FINANCIAL STATUS REPORT/REQUEST FOR FUNDS (CDA 268)
TITLE III E FINANCIAL CLOSEOUT REPORT (CDA 270)

| FORM # | FORM NAME | DUE DATE* | INFORMATION REQUIRED |
|---------------|---|------------------|---|
| CDA 269 | Title III E Budget - Original | June 1 | Title III E Planning Estimate |
| | Title III E Budget - Revision #1 | December 1 | Title III E Budget Display - Dated Prior to Nov 1 |
| | Title III E Budget - Revision #2 | April 30 | Title III E Budget Display - Dated Prior to April 30 |
| CDA 268 | Title III E Monthly Financial Status Report/ Request For Funds | June 10 | April Expenditures/July Request for Funds |
| | | July 10 | May Expenditures/August Request for Funds |
| | | August 10 | June Expenditures/September Request for Funds |
| | | September 10 | July Expenditures/October Request for Funds |
| | | October 10 | August Expenditures/November Request for Funds |
| | | November 10 | September Expenditures/December Request for Funds |
| | | December 10 | October Expenditures/January Request for Funds |
| | | January 10 | November Expenditures/February Request for Funds |
| | | February 10 | December Expenditures/March Request for Funds |
| | | March 10 | January Expenditures/April Request for Funds |
| | | April 10 | February Expenditures/May Request for Funds |
| CDA 270 | Title III E Financial Closeout Report - Original | August 30 | July to June Expenditures & Revenues Including Accruals |
| | Title III E Financial Closeout Report - Rev #1 | December 1 | July to June Expenditures & Revenues Adjusting Accruals |
| | | | NO ADDITIONAL FEDERAL OR STATE EXPENDITURES ALLOWED ON THIS REVISION |

* - For Those Due Dates Falling on a Saturday or Sunday, the Report Will Be Due on the Following Monday.

Family Caregiver Support Program Service Matrix

| <u>Caregiver Criteria</u> Eligible for Title III E Funded Services | <u>Care Receiver Criteria</u> Qualifies the Caregiver to Receive Title III E Funded Services |
|---|--|
| <p>18 or older</p> <p>Adult family member, or another individual, who is an informal provider of in-home and community care to an older individual. ("Older individual" is defined as one who is 60 or older). Meets eligibility criteria for Older Americans Act programs, Title III, Part E, Section 372(2).</p> | <p>60 or older</p> <p>Meets eligibility criteria for Older Americans Act programs, Title III, Part E, Section 373(a)(1) and Title I, Section 102(28).</p> |
| <p>Grandparent or step-grandparent or relative by blood or marriage, who is 60 or older, lives with the child, is the primary caregiver (because the parents are unable or unwilling), and has a legal relationship or is raising the child informally. Meets eligibility criteria for Older Americans Act programs, Title III, Part E, Section 372(3).</p> | <p>18 or under</p> <p>Meets eligibility criteria for Older Americans Act programs, Title III, Part E, Section 372(1).</p> |

| Support Services | Service Categories/Units of Service/Definitions | Reference ¹ | Caregiver Profile Data ² | Care Receiver Profile Data ² |
|----------------------------|---|------------------------|-------------------------------------|---|
| Service Information | <p>Outreach - 1 Contact</p> <p>Interventions initiated by an agency or organization for the purpose of identifying potential caregivers and encouraging their use of the existing services and benefits. (Note: Units refer to individual, one-on-one contacts between a service provider and a caregiver.)</p> | N 14 | N/A | N/A |
| | <p>Community Education – 1 Hour</p> <p>To educate groups of caregivers about available services.</p> | MIS 09 | N/A | N/A |

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.

| Support Services | Service Categories/Units of Service/Definitions | Reference ¹ | Caregiver Profile Data ² | Care Receiver Profile Data ² |
|---|--|------------------------|-------------------------------------|---|
| Access (Assistance to caregivers in gaining access to services) | Information and Assistance – 1 Contact A service for caregivers that: (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; and (D) to the extent practicable, ensures that the individuals receive the services needed by the individuals and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures. | N 13 | N/A | N/A |
| | Comprehensive Assessment – 1 Hour To collect information about a caregiver with multiple needs (social, environmental, physical, or mental) and determine the necessary supportive or other appropriate services to meet those needs. (May require a home visit). | MIS 32 | YES | YES |
| | Case Management – 1 hour To provide assistance either in the form of access or care coordination in circumstances where caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics, which require the provision of services by formal service providers. Activities of case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required. | N 06 | YES | YES |
| | Transportation – 1 One Way Trip To provide a means for caregivers to go from one location to another. | N 10 | N/A | N/A |
| | Assisted Transportation – 1 One Way Trip To provide assistance, including escort, to a caregiver who has difficulties (physical or cognitive) using regular vehicular transportation. | N 09 | YES | N/A |

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.

| Support Services | Service Categories/Units of Service/Definitions | Reference ¹ | Caregiver Profile Data ² | Care Receiver Profile Data ² |
|---|---|------------------------|-------------------------------------|---|
| Caregiver Support | Counseling – 1 Hour To provide guidance and casework support for caregivers by trained social workers or other professionals, in order to enable the caregiver to make more effective use of services. | MIS 07 CBSP 57 | YES | YES |
| | Caregiver Support Group – 1 Hour Meeting A group of three to twelve caregivers led by a competent facilitator, having the purpose of providing the caregivers with a forum to exchange “histories”, information, encouragement, hope, and support. | MIS 18 | N/A | N/A |
| | Caregiver Training –1 Contact A workshop or one-on-one session to assist caregivers to develop the skills necessary to perform caregiving activities, including decision making and problem solving. | NEW | N/A | N/A |
| Respite | Respite Care Services – 1 Hour To provide temporary, substitute supports or living arrangements for a brief period of relief or rest for caregivers. It can be in the form of in-home respite, day care respite, or institutional respite for an overnight stay on an occasional or emergency basis. Specify in-home, day care, or institutional. | CBSP 34 | YES | YES |
| Supplemental Services (complements the care provided by caregivers- Limited to 20%) | Minor Home Modification – 1 Occurrence Minor modifications of homes that are necessary to facilitate the ability of caregivers to remain at home and that are not available under other programs. | MIS 01 | YES | YES |
| | Placement – 1 Placement To assist a caregiver in securing appropriate living arrangements. | MIS 22 | YES | YES |

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.

| Support Services | Service Categories/Units of Service/Definitions | Reference ¹ | Caregiver Profile Data ² | Care Receiver Profile Data ² |
|------------------|--|---|--|--|
| | <p>Homemaker – 1 Hour To provide assistance to caregivers with the inability to perform one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.</p> <p>Chore – 1 Hour To provide assistance to caregivers having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.</p> <p>Home Security and Safety – 1 Occurrence To provide services for the caregivers' security and safety screening of their home environment, and by the provision of safety features such as: medical alert, grab bars, lock and deadbolts, smoke and burglar alarms, and emergency cash assistance for one time payment of energy bills.</p> <p>Assistive Devices – 1 Single Occurrence To provide for rental or purchase and monthly fee service of electronic communication devices, emergency response equipment, and similar equipment to provide caregiver access to meet emergency needs (does not include telephones). Provides for purchase of items such as body braces, orthopedic shoes, walkers, and wheelchairs.</p> <p>Visiting – 1 Hour To visit a caregiver to provide reassurance and comfort.</p> | <p>N 02</p> <p>N 03</p> <p>MIS 36 MIS 15</p> <p>CBSP 39</p> <p>MIS 31</p> | <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> | <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> |

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.

| Support Services | Service Categories/Units of Service/Definitions | Reference ¹ | Caregiver Profile Data ² | Care Receiver Profile Data ² |
|------------------|--|------------------------|-------------------------------------|---|
| | Home Delivered Meals – 1 Meal To provide a caregiver under 60 years of age not eligible under Title III C, a meal which: <ul style="list-style-type: none"> a) Complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture); b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Recommended Dietary allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; c) provides, if two meals are served together, a minimum of 66 and 2/3 percent of the current daily RDA; although there is no requirement regarding the percentage of the current RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and d) provides, if three meals are served together, 100 percent of the current daily RDA; although there is not a requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients. | N 04 | YES | YES |
| | Legal Assistance – 1 Hour To provide the caregiver with legal advice, counseling, and representation by an attorney or other person acting under the supervision of an attorney. | N 11 | N/A | N/A |
| | Other (Requires prior CDA approval). Send a written request describing the proposed service including: The service name, a precise definition, the unit of measure, and a justification. | N 15 | To be determined | To be determined |

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.

Title III E SERVICE UNIT PLAN: 2001-2002

First Year of the Title III E 2001-2003 Two-Year Planning Period

Indicate the number of units of service to be provided with ALL funding sources, including federal funds, State funds, program income, and all local funds. Use only units of service identified in the **Family Caregiver Support Program Service Matrix**, including any approved services in the "Other" category. Only the programs identified should be listed in the budget.

The Goals and Objectives column provides the AAA with an opportunity to relate each Title III E funded service to an objective statement. Goals and/or Objectives are required for every support service funded by the AAA for FCSP.

| <u>Support Services/Categories</u> | <u>Unit of Service</u> | <u>Number of Units</u> | <u>Goal/Objective #s</u> |
|------------------------------------|------------------------|------------------------|--------------------------|
| <u>Service Information</u> | | | |
| Outreach | 1 Contact | _____ | _____ |
| Community Education | 1 Hour | _____ | _____ |
| <u>Access</u> | | | |
| Information and Assistance | 1 Contact | _____ | _____ |
| Comprehensive Assessment | 1 Hour | _____ | _____ |
| Case Management | 1 Hour | _____ | _____ |
| Transportation | 1 One-way Trip | _____ | _____ |
| Assisted Transportation | 1 One-way-Trip | _____ | _____ |
| <u>Caregiver Support</u> | | | |
| Counseling | 1 Hour | _____ | _____ |
| Caregiver Support Group | 1 Hour Meeting | _____ | _____ |
| Caregiver Training | 1 Contact | _____ | _____ |
| <u>Respite</u> | | | |
| Respite Care Services | 1 Hour | _____ | _____ |

(continued)

Title III E Service Unit Plan, cont'd.

| <u>Support Services/Categories</u> | <u>Unit of Service</u> | <u>Number of Units</u> | <u>Goal/Objective #s</u> |
|---|------------------------|------------------------|--------------------------|
| <u>Supplemental Services</u> | | | |
| Minor Home Modification | 1 Occurrence | _____ | _____ |
| Placement | 1 Placement | _____ | _____ |
| Personal Care | 1 Hour | _____ | _____ |
| Homemaker | 1 Hour | _____ | _____ |
| Chore | 1 Hour | _____ | _____ |
| Home Security and Safety | 1 Occurrence | _____ | _____ |
| Assistive Devices | 1 Single Occurrence | _____ | _____ |
| Visiting | 1 Hour | _____ | _____ |
| Home Delivered Meals | 1 Meal | _____ | _____ |
| Legal Assistance | 1 Hour | _____ | _____ |
| Other - Specify (Requires prior CDA approval) | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

APPENDIX IA (III E)

NOTICE OF INTENT FOR AREA AGENCY ON AGING TO PROVIDE SPECIFIED FAMILY CAREGIVER SUPPORT SERVICES California Code of Regulations, §7320 and Older Americans Act, as amended 2000

CDA has determined that the specific Title III E services listed below are considered part of the function of an Area Agency on Aging. These services may be provided directly by the Area Agency because it has a leadership role and the mandated responsibility to meet the service needs of the targeted populations in the Planning and Service Area (PSA).

Based upon completion of this Appendix, the Area Agency will receive authorization through the Area Plan Addendum approval process to provide these services for the Title III E two-year planning period, Fiscal Years 2001-2003.

Check Applicable Services

If the Notice of Intent is not for both
years of the planning period,
check the applicable Fiscal Year

- | | | |
|--|---------|---------|
| <input type="checkbox"/> Information and Assistance for Caregivers | __01-02 | __02-03 |
| <input type="checkbox"/> Comprehensive Assessment to collect information about Caregivers | __01-02 | __02-03 |
| <input type="checkbox"/> Case Management for Caregivers | __01-02 | __02-03 |
| <input type="checkbox"/> Outreach to Caregivers | __01-02 | __02-03 |

Describe the methods that will be used to assure that the above direct services will be available to the eligible service population throughout the PSA.

APPENDIX IB (III E)

REQUEST FOR APPROVAL TO PROVIDE TITLE III E DIRECT SERVICES Older Americans Act §307(a)(10) California Code of Regulations, §7320(c)

Complete a separate Appendix for each type of Family Caregiver Support Program service category for which the Area Agency is requesting direct service approval. Do not include any of the services identified in Appendix IA (III E). Approval for the direct service waiver will be included in the Title III E Area Plan Addendum approval process.

Type of Service: _____

Basis of Request for Waiver:

- ☐ Necessary to Assure an Adequate Supply of Services
- ☐ Comparable Quality is More Economical if Provided by the AAA

If this request is not for both years of the two-year planning period, check each applicable Fiscal Year:

___ FY 01-02 ___ FY 02-03

Justification

Summarize the process followed and the facts that support this request. List the documentation available and place an asterisk next to the items that are provided as attachments.

APPENDIX IX (III E)

FAMILY CAREGIVER SUPPORT PROGRAM Notice of Intent for Non-Expenditure of Funds

Based on review of current family caregiver support needs and services, the Area Agency on Aging does not intend to fund the following federal support service(s) defined in Title III, Part E, Section 373 (b):

Support Service



Service Information

(Information to caregivers about available services)



Access

(Assistance to caregivers in gaining access to services)



Caregiver Support

(Individual counseling, organization of support groups, and caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles)



Respite

(Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities)



Supplemental Services

(Supplemental services, on a limited basis, to complement the care provided by caregivers)

Justification

For any of the five support services not funded, explain why services will not be funded or how these services are being addressed in the PSA.

Title III E Budget

AREA AGENCY ON AGING_____

BUDGET PERIOD_____

☐ ORIGINAL BUDGET

☐ REVISION NUMBER:_____

PSA NO._____

DATE_____

I hereby certify to the best of my knowledge and belief that this Title III E Budget reflects the necessary, reasonable, and allowable costs to attain the objectives and goals expressed in the Area Plan. Federal funds for Title III E will not be used until a review of current needs and services has been made. I further certify that this budget was reviewed by the Advisory Council and approved by the Governing Board, that the budget was available for review by all interested parties, and that the amounts displayed are accurate and correct including supporting schedules.

| | | |
|-----------------------------------|--------------|------------|
| SIGNATURE OF AREA AGENCY DIRECTOR | PRINTED NAME | DATE |
| > | | |
| FOR STATE USE ONLY | | |
| AAA-BASED TEAM ANALYST | DATE | TEAM COACH |
| | | |
| > | > | |

TITLE III E BUDGET SUMMARY

| BUDGETED COSTS | | | | | | | | PSA NO.: |
|--|---------|---------------------------|--------------------------------|-------------------------|------------------|-----------------------|-------------------|---------------------------|
| BUDGET PERIOD: | | | [] ORIGINAL [] REVISION NO.: | | | GRANT NO.: | | DATE: |
| COST CATEGORIES | | (a) Total Amount Budgeted | (b) Area Plan Admin | (c) Service Information | (d) III E Access | (e) Caregiver Support | (f) III E Respite | (g) Supplemental Services |
| 1. Personnel (+) | CASH | | | | | | | |
| | IN-KIND | | | | | | | |
| 2. Staff Travel (+) | CASH | | | | | | | |
| | IN-KIND | | | | | | | |
| 3. Staff Training (+) | CASH | | | | | | | |
| | IN-KIND | | | | | | | |
| 4. Equipment (+) | CASH | | | | | | | |
| | IN-KIND | | | | | | | |
| 5. Consultants (+) | CASH | | | | | | | |
| | IN-KIND | | | | | | | |
| 6. Food Costs (+) | CASH | | | | | | | |
| | IN-KIND | | | | | | | |
| 7. Other Costs (+) | CASH | | | | | | | |
| | IN-KIND | | | | | | | |
| 8. DIRECT AREA | CASH | | | | | | | |
| | | | | | | | | |
| AGENCY COSTS (=) | IN-KIND | | | | | | | |
| 9. Indirect or Grantee Allocated Costs (+) | CASH | | | | | | | |
| | IN-KIND | | | | | | | |
| 10. TOTAL AREA | CASH | | | | | | | |
| | | | | | | | | |
| AGENCY COSTS (=) | IN-KIND | | | | | | | |
| 11. Cost of Contracted Services (+) | CASH | | | | | | | |
| | IN-KIND | | | | | | | |
| 12. TOTAL AREA | CASH | | | | | | | |
| | | | | | | | | |
| PLAN COSTS (=) | IN-KIND | | | | | | | |
| 13. TOTAL CASH & IN-KIND | | | | | | | | |

TITLE III E BUDGET SUMMARY

| | | | | | | | | |
|---|---------|--------------------------|--------------------------------|-------------------------|---|-----------------------|-------------------|---------------------------|
| BUDGETED FUNDING & MATCHING CONTRIBUTIONS | | | | | | | | PSA NO.: |
| BUDGET PERIOD: | | | [] ORIGINAL [] REVISION NO.: | | | GRANT NO.: | | DATE: |
| SECTION A | | BUDGETED FUNDING | | | | | | |
| | | (a)Total Amount Budgeted | (b) Area Plan Admin | (c) Service Information | (d) III E Access | (e) Caregiver Support | (f) III E Respite | (g) Supplemental Services |
| FUNDING SOURCES | | | | | | | | |
| 1. Grant Related Income | CASH | | | | | | | |
| 2. Non-Matching Contributions | CASH | | | | | | | |
| | IN-KIND | | | | | | | |
| 3. State Funds | CASH | | | | | | | |
| 4. Matching Contributions | CASH | | | | | | | |
| | IN-KIND | | | | | | | |
| 5. Federal Funding Grandparent | CASH | | | | | | | |
| 6. Federal Funding Other | CASH | | | | | | | |
| 7. TOTAL AREA | CASH | | | | | | | |
| | | | | | | | | |
| PLAN FUNDING | IN-KIND | | | | | | | |
| 8. TOTAL CASH & IN-KIND | | | | | | | | |
| SECTION B | | | | | COSTS TO BE MATCHED INSTRUCTIONS: | | | |
| MINIMUM MATCHING REQUIREMENTS | | | | | Area Plan Admin Costs to be Matched Calculation: | | | |
| | | | | | Pg 1 col (b) Line 13 minus Pg 2 col (b) Lines 1 through 3 | | | |
| ITEM | | | | | Total III E Costs to be Matched Calculation: | | | |
| | | | | | Pg 1 Line 13 col (c) + col (d) + col (e) + col (f) + col (g) minus Pg 2 Lines 1 through 4 col (c), col (d), col (e), col (f), & col (g) | | | |
| 1. Costs to be Matched | | | | | | | | |
| 2. Required Matching Percentages | | | | | 25%18.18%* | | | |
| 3. Minimum Required Match | | | | | | | | |
| 4. Required Local Public Agencies Matching Contributions = Line 3 x 25% | | | | | | | | |
| SECTION C | | | | | SECTION D | | | |
| AREA PLAN ADMINISTRATION MATCHING CONTRIBUTIONS | | | | | LOCAL PUBLIC AGENCIES MATCHING CONTRIBUTIONS | | | |
| (Local Public Agencies Must Contribute At Least 25% of Total Minimum Match) | | | | | | | | |
| Source | Cash | In-Kind | Total | Source | Cash | In-Kind | Total | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 5. TOTAL | | | | 6. TOTAL | | | | |

TITLE III E PROGRAMS-ADMIN & DIRECT SERVICES

PSA NO.:

SCHEDULE OF PAID PERSONNEL COSTS

[illegible]

TITLE III E BUDGET

| | | | | | | | | |
|---|--------------------------|--------------------------------|----------------------------|-------------|-----------------|------------------------|-------------|-------------------|
| SCHEDULE OF DIRECT CAREGIVER SUPPORT SERVICES (III E) | | | | | | | | PSA NO.: |
| BUDGET PERIOD: | | [] ORIGINAL [] REVISION NO.: | | | GRANT NO.: | | DATE: | |
| SERVICE CATEGORIES | (a) Total Budgeted Costs | (b) Grant Related Income | Non-Matching Contributions | | (e) State Funds | Matching Contributions | | (h) Federal Share |
| | | | (c) Cash | (d) In-Kind | | (f) Cash | (g) In-Kind | |
| | | | | | | | | |
| Outreach | | | | | | | | |
| Community Education | | | | | | | | |
| Total Service Information | | | | | | | | |
| | | | | | | | | |
| Information & Assistance | | | | | | | | |
| Comprehensive Assessment | | | | | | | | |
| Case Management | | | | | | | | |
| Transportation | | | | | | | | |
| Assisted Transportation | | | | | | | | |
| Total III E Access | | | | | | | | |
| | | | | | | | | |
| Counseling | | | | | | | | |
| Caregiver Support Group | | | | | | | | |
| Caregiver Training | | | | | | | | |
| Total Caregiver Support | | | | | | | | |
| | | | | | | | | |
| Total III E Respite | | | | | | | | |
| | | | | | | | | |
| Minor Home Modification | | | | | | | | |
| Placement | | | | | | | | |
| Homemaker | | | | | | | | |
| Chore | | | | | | | | |
| Home Security and Safety | | | | | | | | |
| Visiting | | | | | | | | |
| Assistive Devices | | | | | | | | |
| Home Delivered Meals | | | | | | | | |
| Legal Assistance | | | | | | | | |
| Other: | | | | | | | | |
| Other: | | | | | | | | |
| Total Supplemental Services | | | | | | | | |
| TOTAL III E DIRECT SERVICES | | | | | | | | |

TITLE III E BUDGET

| | | | | | | | | |
|---|--------------------------|--------------------------------|----------------------------|-------------|-----------------|------------------------|-------------|-------------------|
| SCHEDULE OF CONTRACTED CAREGIVER SUPPORT SERVICES (III E) | | | | | | | | PSA NO.: |
| BUDGET PERIOD: | | [] ORIGINAL [] REVISION NO.: | | | GRANT NO.: | | DATE: | |
| SERVICE CATEGORIES | (a) Total Budgeted Costs | (b) Grant Related Income | Non-Matching Contributions | | (e) State Funds | Matching Contributions | | (h) Federal Share |
| | | | (c) Cash | (d) In-Kind | | (f) Cash | (g) In-Kind | |
| | | | | | | | | |
| Outreach | | | | | | | | |
| Community Education | | | | | | | | |
| Total Service Information | | | | | | | | |
| | | | | | | | | |
| Information & Assistance | | | | | | | | |
| Comprehensive Assessment | | | | | | | | |
| Case Management | | | | | | | | |
| Transportation | | | | | | | | |
| Assisted Transportation | | | | | | | | |
| Total III E Access | | | | | | | | |
| | | | | | | | | |
| Counseling | | | | | | | | |
| Caregiver Support Group | | | | | | | | |
| Caregiver Training | | | | | | | | |
| Total Caregiver Support | | | | | | | | |
| | | | | | | | | |
| Total III E Respite | | | | | | | | |
| | | | | | | | | |
| Minor Home Modification | | | | | | | | |
| Placement | | | | | | | | |
| Homemaker | | | | | | | | |
| Chore | | | | | | | | |
| Home Security and Safety | | | | | | | | |
| Visiting | | | | | | | | |
| Assistive Devices | | | | | | | | |
| Home Delivered Meals | | | | | | | | |
| Legal Assistance | | | | | | | | |
| Other: | | | | | | | | |
| Other: | | | | | | | | |
| Total Supplemental Services | | | | | | | | |
| TOTAL III E CONTRACTED SERVICES | | | | | | | | |